

CITY OF



CARLISLE



# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1950

JAMES L. RENNIE,

M.D., F.R.F.P.S. (Glasgow), D.P.H.,  
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*To His Worship the Mayor, and to the Aldermen and Councillors  
of the City and County Borough of Carlisle.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my report on the health of the City for the year 1950.

*Section I. Vital Statistics.*

The Registrar General's estimate of the mid-year population of the City is 68,290, an increase of 1,230 on the total population for 1949. The birth rate has fallen to 17.00 per thousand of the population, compared with a figure of 18.20 last year.

A rise in the net death rate to 12.83 per thousand of the population is recorded, and when allowance is made for the age and sex distribution of the population by applying the area comparability factor of 0.09, we are left with a corrected death rate of 13.98.

It is gratifying to note that the infantile mortality rate fell to 34.45 per thousand live births. The year 1948, however, with an infantile mortality rate of 25.45 remains the record low level for the City.

I am pleased to be able to report that there were no maternal deaths of City residents during the year.

*Section II. Sanitary Circumstances.*

The shortage of housing accommodation continued to restrict the number of unfit properties which could be represented under the Housing Acts, but a certain amount of progress was made in the representation of the worst properties in the City.

During the year the City Council adopted the Model Bye-Laws relative to clean food handling, and the drive

to impress on food handlers the importance of their work was intensified.

### *Section III. Occurrence and Control of Infectious Diseases.*

Scarlet Fever with 213 notifications and Whooping Cough with the same number were the most prevalent infectious diseases during the year.

There was no case of smallpox reported in the City, but your officers had to follow up contacts who came to the City from infected sea-going vessels. The periodic presence of such contacts in the City emphasizes the need for parents to have their children vaccinated against smallpox, and as stated in my report for 1949, the number of parents availing themselves of this form of protection is by no means satisfactory.

As indicated elsewhere in this report there was no confirmed case of diphtheria in the City during the year.

There were 10 notified cases of poliomyelitis, none of whom died, but there was one case of polio encephalitis, the diagnosis of which was made following post mortem examination.

### *Section IV. Tuberculosis.*

A separate section has been contributed by Dr. Hugh Morton, the Consultant Chest Physician. This disease continues to be the most important infectious disease, and every effort is being made to effect its adequate control.

### *Section V. Services Provided under Part III of the National Health Service Act.*

The Health Visitors are being called upon to an increasing extent to undertake work in reference to persons other than children. There is much scope for expansion in this direction, but until an adequate staff can be recruited such expansion will not be possible,

A constantly increasing demand has been made for the services of Home Helps, and during the year it was necessary to appoint an assistant to the Home Help Organiser.

As indicated in the body of the report, the lack of beds for mental defectives requiring hospital treatment is one of the major difficulties in the Mental Health Service. The use of selected Ambulance personnel to act as Duly Authorised Officers has, from this Department's point of view, proved both adequate and exceedingly economical.

#### *Section VI. General Provision of Health Services.*

The general provision of health services continued this year unaltered, and the close liaison with the Public Health Laboratory Service at the Cumberland Infirmary was maintained in the investigation and control of infectious disease.

#### *Section VII. Sanitary Inspector's Report.*

Full details of the work carried out by the Sanitary Inspectors are included in the Chief Sanitary Inspector's Report. Mr. Hanson retired on the 31st December, 1950, after 30 years' service with this Authority.

The difficulty in procuring suitable land for tipping has caused the Department much concern, and at present we are able to continue this operation largely by the co-operation of Messrs. J. Laing & Son Ltd., who have allowed us to use their Blackwell Brickworks as a tipping site.

I desire to record my sincere thanks and appreciation for the willing service and excellent co-operation of all members of the staff of the Department. The friendly co-operation of the staffs of the Regional Hospital Board, Hospital Management Committee and Hospitals has gone far to make for smooth working and is very much appreciated.



To the Chairman and Members of the Health Committee I desire to express my thanks for the help, encouragement and support they have given to me throughout the year. I would also like to record my indebtedness to the Town Clerk and other Chief Officials and their staffs for willing co-operation and assistance.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

JAMES L. RENNIE,

*Medical Officer of Health.*



## **SECTION I.**

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### **Vital Statistics.**



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## Vital Statistics.

Area (acres) .. .. .	4,488
Population (1950), Estimate of Registrar-General	68,290
Rateable Value .. .. .	£438,135
Sum represented by a Penny Rate .. ..	£1,807

### EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

Live Births—	Total.	M.	F.	
Legitimate ..	1110	584	526	
Illegitimate ..	51	23	28	
				Birth-rate, 17.00 per 1,000 popu- lation.

Birth-rate per thousand of the population as corrected by Area Comparability factor of 1.03 is 17.51.

Still-births ..	26	21	5	
				Rate 21.90 per 1,000 total births.

Deaths .. ..	876	448	428	
				Death-rate, 12.83 per 1,000 popu- lation.

Death rate per 1000 of the population as corrected by Area comparability factor of 1.09 is 13.98.

Deaths from diseases and accidents of pregnancy and childbirth—

From Sepsis .. .. .	—
From other causes .. .. .	—

Death-rate of Infants under one year of age per 1,000 live births—

Legitimate .. .. .	34.2
Illegitimate .. .. .	39.2
	Total, 34.45

Deaths from Whooping Cough (all ages) .. ..	—
„ Diarrhoea (under 2 years of age) .. ..	8

## POPULATION.

The estimate of the population at mid-year 1950, supplied by the Registrar-General, was 68,290, and this figure has been used in making the various calculations in the report.

## BIRTHS.

### *LIVE BIRTHS.*

The total number of live births registered in the City during the year was 1,695, a decrease of 40. Of these 534 were transferable out of the City and the actual number of City live births was therefore 1,161; giving a live birth-rate of 17.00 per 1,000 population compared with a rate of 18.20 per 1,000 in 1949.

### *ILLEGITIMATE LIVE BIRTHS.*

The number of City illegitimate live births registered was 51, or 43.92 per 1,000 of the total live births.

### *STILL BIRTHS.*

The number of City still-births registered during the year was 26, giving a still-birth rate of 21.90 per 1,000 live and still-births or 0.38 per 1,000 population, a slight reduction on the figures for the previous year.

## DEATHS.

The total number of deaths registered was 1,072 as compared with 1,005 in 1949. 74 deaths occurred of persons belonging to the City, in Institutions and other places away from Carlisle, while the deaths of 270 persons not belonging to the City, occurred in public institutions and other places within the City. Excluding the latter figure, and adding the deaths of Carlisle residents which occurred in other districts, a net figure of 876 remains, which is equal to a death-rate of 12.83 per 1,000 of the estimated population at all ages, against 12.29 per 1,000 in 1949.

The corrected and adjusted death rate for the City is 14.1 per 1000 of the population, and is obtained by using the Area comparability factor of 1.1 supplied by the Registrar-General.

# MATERNAL MORTALITY.

No maternal death was recorded of a resident of the City.

Table I. sets out the Cause and the Ages at Death of 876 persons belonging to the City:—

## TABLE I.

CAUSE OF DEATH.	NETT DEATHS AT THE SUBJOINED AGES OF " RESIDENTS " WHETHER OCCURRING WITHIN OR WITHOUT THE CITY									TOTAL DEATHS WHETHER OF " RESIDENTS " OR " NON-RESI- DENTS " IN INSTITUTIONS IN THE CITY.
	All Ages	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25	25 and under 45.	45 and under 65.	65 and up- wards	
1	2	3	4	5	6	7	8	9	10	11
All Causes { Certified ..	816	37	3	2	6	13	51	185	519	516
Uncertified ..	60	3	1	1	1	1	5	19	29	12
Tuberculosis, respiratory ..	24	—	—	—	—	2	7	13	2	9
Tuberculosis, other ..	6	—	—	1	1	1	2	1	—	9
Syphilitic Disease ..	4	—	—	—	—	—	1	2	1	3
Diphtheria ..	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—	1
Meningococcal infections ..	—	—	—	—	—	—	—	—	—	1
Acute Poliomyelitis ..	1	1	—	—	—	—	—	—	—	6
Measles ..	—	—	—	—	—	—	—	—	—	—
Other infections and parasitic diseases ..	1	—	—	—	—	—	—	—	1	3
Malignant Neoplasm, stomach ..	21	—	—	—	—	—	1	7	13	11
" " lung, bronchus ..	19	—	—	—	—	—	2	15	2	9
" " breast ..	10	—	—	—	—	1	—	5	4	3
" " uterus ..	9	—	—	—	—	—	—	4	5	5
Other malignant & lymphatic Neoplasms ..	65	—	—	—	1	—	4	17	43	56
Leukaemia, aleukaemia ..	1	—	—	—	—	—	1	—	—	3
Diabetes ..	4	—	—	—	—	—	—	1	3	5
Vascular lesions of nervous system ..	90	—	—	—	—	—	4	18	68	45
Coronary disease, aurgina ..	88	—	—	—	—	—	4	32	52	12
Hypertension with heart disease ..	6	—	—	—	—	—	—	2	4	4
Other heart disease ..	230	—	—	—	1	1	5	26	197	57
Other circulatory disease ..	68	—	—	—	—	3	2	16	47	34
Influenza ..	2	—	—	—	—	—	—	1	1	1
Pneumonia ..	22	1	1	1	1	—	1	5	12	10
Bronchitis ..	41	1	1	—	—	2	3	11	23	21
Other diseases of respiratory system ..	4	—	—	—	—	1	1	1	1	2
Ulcer of the stomach and duodenum ..	11	—	—	—	—	—	3	4	4	15
Gastritis, Enteritis and Diarrhoea ..	12	6	2	—	—	—	1	—	3	14
Nephritis and Nephrosis ..	15	—	—	—	—	—	1	6	8	8
Hyperplasia of prostate ..	9	—	—	—	—	—	—	1	8	15
Pregnancy, Childbirth, Abortion, Congenital malformations ..	6	6	—	—	—	—	—	—	—	9
Other defined and ill-defined diseases ..	75	25	—	—	1	2	9	6	32	111
Motor vehicle accidents ..	13	—	—	1	2	1	2	4	3	21
All other accidents ..	16	—	—	—	—	—	2	4	10	24
Suicide ..	3	—	—	—	—	—	—	2	1	1
Homicide & operations of War ..	—	—	—	—	—	—	—	—	—	—
TOTALS ..	876	40	4	3	7	14	56	204	548	528

## INFANTILE MORTALITY.

The total number of deaths under one year of age of City residents was 40, giving an Infantile Mortality Rate of 34.45 per 1,000 live births. Although much higher than the figure of 25.45 recorded in 1948, it is the second lowest Infantile Mortality Rate recorded for the City.

Table II, shows statistics relating to births and deaths for the years 1946 to 1950.

### TABLE II.

YEAR.	Registrar-General's Estimate of Population to Middle of each Year	BIRTHS			TOTAL DEATHS REGISTERED IN THE DISTRICT		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE DISTRICT			
		Uncorrected Number	Nett		Number	Rate	of Non-residents registered in the District	of Residents not registered in the District	Under 1 Year of age		AT ALL AGES	
			Number	Rate					Number	Rate per 1,000 Nett Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1946	63,130	1577	1307	20.7	1070	16.9	231	31	78	59.6	870	13.7
1947	63,620	1894	1469	23.1	1078	16.9	283	46	83	56.5	841	13.2
1948	65,580	1777	1218	18.57	1009	15.4	261	39	31	25.45	787	12.0
1949	65,730	1735	1196	18.20	1005	15.3	255	58	43	35.95	808	12.3
1950	68,290	1695	1161	17.00	1072	15.7	270	74	40	34.45	876	12.8

The number of deaths of legitimate children under one year of age was 38, equal to 34.2 per 1,000 legitimate live births.

The number of deaths of illegitimate children was 2, equal to 39.2 per 1,000 illegitimate live births.

Table III shows the causes of the 40 infant deaths, and indicates the age and the month in which the deaths occurred.

TABLE III.

CAUSE OF DEATH	AGE					MONTH												Total Deaths under One Year					
	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 4 Weeks	4 Wks. & under 3 Months	3 Months and under 6 Months	6 Months and under 9 Months	9 Months and under 12 Months	January	February	March	April	May	June	July	August		September	October	November	December	
All Causes	20 1	2 —	2 —	1 —	25 1	4 1	4 1	3 —	1 —	4 —	6 —	1 —	2 1	2 —	3 —	4 2	2 —	7 —	1 —	1 —	1 —	4 —	37 3
Prematurity ..	15	2	—	—	17	—	—	—	—	—	1	1	—	1	2	1	2	5	1	1	2	17	
Congenital Malformations ..	—	—	1	1	2	—	—	—	—	1	—	—	—	—	—	2	—	—	—	—	—	4	
Birth Injury ..	1	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	
Atelectasis ..	2	—	—	—	2	1	1	1	—	—	—	—	1	1	—	1	—	1	—	—	—	2	
Pneumonia ..	2	—	—	—	2	1	1	1	—	—	—	—	1	1	—	1	—	—	—	—	—	5	
Gastro-Enteritis ..	—	—	—	—	—	2	2	1	1	3	1	—	—	—	1	1	—	—	—	—	—	6	
Bronchitis ..	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	1	
Erythroblastosis ..	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	
Pemphigus Neonatorum ..	—	—	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	
Asphyxia ..	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	
Polioencephalitis ..	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	
TOTALS ..	21	2	2	1	26	5	5	3	1	4	6	1	3	2	3	6	2	7	1	1	4	40	





Table V. sets out the deaths from Cancer 1941-50.

### TABLE V.

#### DEATHS FROM CANCER, 1941-50.

1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.
114 ..	107 ..	104 ..	113 ..	128 ..	115 ..	111 ..	121 ..	118 ..	124

### INQUESTS.

During the year the City Coroner held 54 inquests. Of this number 28 related to deaths of persons who resided within the City, and 26 to persons who resided in other districts but who died within the City. 5 related to children under five years of age, 2 of which were City children.

### UNCERTIFIED DEATHS.

61 deaths were registered in which no certificate was given by a medical practitioner, and in which no inquest was held. 54 of these were in respect of City residents.

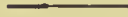
During 1949, 72 such deaths were registered.

### MORTUARY.

66 bodies were removed to the Public Mortuary, post-mortem examinations being made in 59 instances.



## **SECTION II.**



**Sanitary Circumstances.**



## Sanitary Circumstances.

### WATER SUPPLY.

The water supply in the area has been satisfactory in quantity and quality throughout the year.

Regular bacteriological examinations have been made of the water in its various stages of treatment from the raw state to the final supply. In all, 28 samples of the fully treated water have been examined bacteriologically, and all show the water to be highly satisfactory in this respect.

The Chemical Analysis of the water afford no evidence of pollution by undesirable drainage of any kind, and it is of good and wholesome quality for human consumption. In all 16 samples of the water were subjected to a Chemical Analysis during the year.

A test for plumbo-solvency is included as part of every chemical analysis, with the following results :—

Lead eroded or dissolved after 24 hours at 20° C. :—

Nil in 15 samples.

No action was necessary to combat contamination.

Water was supplied to households as follows :—

(a). Direct to the houses :

No. of houses supplied .. .. 19256

Estimated Population Supplied .. 65267

(b). By means of Standpipes :

No. of houses supplied .. .. 505

Estimated Population .. .. 1793

Table VI shows the total quantity of water supplied and the quantity per head per day for the years 1949 and 1950.

**TABLE VI.**

			<i>No. of Gallons.</i>	<i>Gallons per head per day.</i>	
1949	..	..	1,200,940,000	..	41.10
1950	..	..	1,182,692,000	..	40.50

(NOTE: The consumption figures are for the whole of the area of supply, the consumption in the City only is not measured separately Estimated Population supplied, 80,000).

Table VII shows the results of bacteriological examination of samples of water.

**TABLE VII.**

Date when sample was taken.	No. of Colonies in					
	0.1 M.L.		1 M.L.		10 M.L.	
	At 22° C.	At 37° C.	At 22° C.	At 37° C.	At 22° C.	At 37° C.
15th March ..	—	—	2	—	33	3
18th September	—	—	—	—	—	—

### SEWERAGE & SEWAGE DISPOSAL

The construction of new sewers in connection with Housing Estate Development has continued on Harraby and Belah Estates. A contract has been let for the construction of sewers in the Strathclyde Estate. Design and drawings for the new Harraby—Durranshill Trunk Sewer have been completed and the Ministry of Local Government and Planning's approval is awaited.

The Ministry of Local Government and Planning has given permission to proceed with part of the scheme for the disposal of the liquid portion of the sewage delivered to the Willow Holme Works. Pumps, distributors, pipes, valves and penstocks for this portion of the scheme have been ordered. Tenders for portions of the civil engineering work involved will be invited in the near future.



The results of chemical analyses of samples of water are shown in Table VIII.

**TABLE VIII.**

RESULTS SHOWN IN PARTS PER 100,000.	16TH MARCH	13TH SEPT.
Chlorine as Chlorides ..	.8500	.8750
Nitrogen as Nitrates ..	.0428	.0237
Ammonia .. ..	.0025	Trace.
Albuminoid Ammonia ..	.0037	.0044
Oxygen absorption ..	.1538	.3285
Injurious Metals ..	none	none
Total Solid Matter dried at 100° C. .. ..	15.0000	11.0000
Temporary Hardness ..	5.1°	5.3°
Permanent Hardness ..	3.2°	2.5°
Free Alumina .. ..	none	none
P.H. Value .. ..	7.3	7.1
Colour of Sample on Hazen Scale .. ..	12.	27.
Appearance in two-foot tube .. .. .	Clear and Bright.	Bright.
Odour when heated to 50° C. .. .. .	none	none
Microscopical Examina- tion .. .. .	Satisfactory	Satisfactory
Lead Dissolved or Eroded	none	.11 part per 100,000

## HOUSING.

The Health Statistics relative to housing are as follows :—

Number of new houses erected in the Borough during the year :—

1.	Erected by the Local Authority.	Temporary	..	Nil
		Permanent.	..	339
2.	Erected by other Persons, or bodies	..	..	44
3.	Houses Demolished	..	..	6

### *Housing Statistics.*

#### *Inspection of Dwelling-houses during the year.*

1.	(a) Total number of dwelling houses inspected for housing defects (under the Public Health or Housing Acts)	925
	(b) Number of inspections made for the purpose	1,132
2.	(a) Number of dwelling-houses (included under Sub-head 1 (a) above) which were inspected and recorded under the Housing Consolidated Regulations, 1926	66
	(b) Number of inspections made for the purpose	130
3.	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	66
4.	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	68

#### *Remedy of Defects during the Year without Service of Formal Notices.*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	137
Number of back-to-back houses made into through houses	4
Number of houses demolished	1

#### *Action under Statutory Powers during the Year.*

A.	Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936.	
1.	Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
2.	Number of dwelling-houses which were rendered fit after service of formal notices :—	
	(a) by owners	Nil
	(b) by Local Authority in default of owners	Nil

B.	Proceedings under Public Health Acts :—	
1.	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	4
2.	Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a)	by owners .. .. .	4
(b)	by Local Authority in default of owners .. .. .	Nil
C.	Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—	
1.	Number of dwelling-houses in respect of which Demolition Orders were made .. .. .	8
2.	Number of dwelling-houses demolished in pursuance of Demolition Orders .. .. .	5
3.	Number of dwelling-houses in respect of which an undertaking was accepted under Sub-Section (2) of Section 11 .. .. .	28
D.	Proceedings under Section 12 of the Housing Act, 1936 :—	
1.	Number of separate tenements or underground rooms in respect of which Closing Orders were made ..	2
2.	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ..	1

#### *Housing Act, 1936, Part IV. Overcrowding.*

The Council's scheme for allocation of Corporation houses has as its basis, the degree of overcrowding existing in the applicant's present dwelling. Special circumstances, such as the presence of an open case of Tuberculosis in the family, are taken into consideration and given priority.

The number of certificates, for the permitted number of persons who may sleep in a house, issued during the year, was 468.

#### *MILK SUPPLY.*

The main supply of milk consumed in the City is either Tuberculin Tested or previously subjected to heat treatment, and with three exceptions its distribution is in the hands of two large dairy companies. Systematic inspection of all milk supplies, including handling and distribution was carried on throughout the year, special attention being given to the efficiency of the heat treatment plant.

Regular sampling was done in respect of all milk in course of delivery to the consumer.

One hundred and thirty-three samples of milk were procured during the year, ten for chemical analysis under the Food and Drugs Act, and one hundred and twenty-three for bacteriological examinations under the Milk (Special Designations) Regulations.

The results of examinations of samples of milk obtained and submitted for bacteriological examination are shown in Table IX.

**TABLE IX.**

Designation of Milk.	Number Tested.	Satisfactory.	Unsatisfactory.
<i>24 Samples of T.T. Milk.</i>			
Methylene Blue Test .. ..	24	24	—
Inoculation for Tuberculosis .. ..	2	2	—
<i>34 Samples of T.T. Pasteurised Milk.</i>			
Methylene Blue Test .. ..	34	34	—
Phosphatase Test .. ..	34	33	1
<i>62 Samples of Pasteurised Milk.</i>			
Methylene Blue Test .. ..	62	62	—
Phosphatase Test .. ..	62	61	1
<i>3 Samples Ungraded Milk.</i>			
Methylene Blue Test .. ..	3	2	1
Inoculation for Tuberculosis .. ..	2	2	—

## **SECTION III.**

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**Occurrence and Control of Infectious Diseases.**



# Occurrence and Control of Infectious Diseases.

## INCIDENCE.

There was a decrease of 182 in the number of confirmed notifications of infectious diseases as compared with the figure for the previous year.

Table X shows the age groups of the cases of infectious diseases notified during 1950.

**TABLE X.**

	Total Number of cases notified.	Number of cases in- correctly notified.	Net Number of cases notified.	Number of Cases notified at various Ages.							Number of notified cases removed to hospital.
				Under 1 year.	1—5 years.	5—15 Years.	15—25 Years.	25—45 years.	45—65 years.	65 and upwards.	
Scarlet Fever .. ..	213	4	209	—	68	125	10	5	1	—	105
Whooping Cough .. ..	213	1	212	24	134	54	—	—	—	—	5
Diphtheria .. ..	1	1	—	—	—	—	—	—	—	—	—
Measles .. ..	193	—	193	8	105	77	3	—	—	—	4
Pneumonia .. ..	28	—	28	2	3	6	3	5	8	1	5
Cerebro-spinal Fever .. ..	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis											
Paralytic .. ..	8	—	8	1	1	1	3	2	—	—	8
Non-Paralytic .. ..	2	—	2	—	—	1	1	—	—	—	1
Dysentery .. ..	24	—	24	1	2	10	1	7	—	3	3
Ophthalmia Neonatorum	3	—	3	3	—	—	—	—	—	—	—
Puerperal Pyrexia .. ..	9	—	9	—	—	—	3	6	—	—	2
Smallpox .. ..	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever .. ..	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever .. ..	—	—	—	—	—	—	—	—	—	—	—
Erysipelas .. ..	16	1	15	—	—	1	2	3	8	1	3
Malaria .. ..	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis ..	83	—	83	—	—	3	29	32	17	2	—
Other forms of Tuberculosis	7	—	7	—	1	3	2	—	—	1	—
Food Poisoning .. ..	5	—	5	—	—	1	—	—	4	—	2
Totals .. ..	805	7	798	39	314	282	57	60	38	8	138



A total of 798 confirmed notifications of infectious disease were received during the year, 90 of which related to various forms of Tuberculosis and 708 to other infections.

8 deaths were certified as due to zymotic diseases, equal to a zymotic death rate of 0.12 per 1,000 of the population.

### *SCARLET FEVER.*

In recent years the severity of Scarlet Fever has declined. Fewer cases require admission to hospital for treatment and some of the beds once set aside for this disease are now being used for other more urgent purposes, for example, the treatment of tuberculosis. Owing to the gross overcrowding in many homes it is still necessary to admit to hospital many suffering from Scarlet Fever who could otherwise be nursed at home.

### *DIPHTHERIA.*

No genuine case of diphtheria was notified in the City during the year. This is the first time during the present century that the City has been entirely free of this disease. On going over the reports of the Medical Officer of Health from 1900 onwards it is evident that several factors have been responsible for the decline in the incidence of this disease. The better social conditions under which the children are living and being educated plays a part, but one of the principal factors, if not the major factor, contributing to this good result is the large number of parents who have responded to the appeal, to have their children immunised. At the end of the year 79.3 per cent. of all children aged 1—15 years had been immunised. Only 67.3 per cent. of children aged 1—5 years had been immunised although 86.9 per cent. of school children had received treatment.

I strongly advise all parents to have their children immunised when they are about one year old and to allow them to have reinforcing doses at or before entering school and again when in the junior school. By so doing they are not only minimising the chances of their children contracting

the disease but are helping in its general control. The fact that there has been no case of diphtheria in the City is no justification for relaxing our precautions as one cannot predict when a child will come into contact with a carrier of virulent diphtheria organisms.

### *SMALLPOX.*

No case of Smallpox was notified during the year, but notices were received from a Port Health Authority and a Local Health Authority regarding contacts of this disease. No vaccinations were undertaken during the year under the Public Health (Smallpox Prevention) Regulations, 1917.

### *MALARIA.*

No notification of this disease was received.

### *PNEUMONIA—ACUTE PRIMARY & INFLUENZAL.*

Of the 28 notifications of Pneumonia where the diagnosis was confirmed 8 were of the acute Influenzal type and 20 of the acute primary variety. There was one death among the cases of Acute Primary Pneumonia.

### *INFLUENZA.*

Two deaths were registered as due to Influenza.

### *FOOD POISONING.*

There was no epidemic of food poisoning in the City. Five individual cases were notified, but investigation did not reveal any definite source of infection.

### *CEREBRO-SPINAL FEVER.*

No notification of Cerebro-Spinal Fever was received.

### *ACUTE POLIOMYELITIS.*

There was no epidemic prevalence of this disease during the year. The total number of cases notified was 10, 9 of

which were admitted to hospital. One child who died of encephalitis was subsequently discovered to have died of polio encephalitis, making a total of 11 actual cases.

### *PUERPERAL PYREXIA.*

9 notifications of Puerperal Pyrexia were received, 2 of which were removed to the Infectious Diseases Hospital.

### *OPHTHALMIA NEONATORUM.*

3 cases of Ophthalmia Neonatorum were notified by medical practitioners and in each instance both eyes were affected, but in no case did permanent damage result. All of these cases were treated at home by nurses of the District Nursing Association under the supervision of the doctor in charge of the case.

Table XI. shows the results of treatment of Cases of Ophthalmia Neonatorum.

**TABLE XI.**

CASES			Vision un-impaired	Vision impaired	Total Blindness	Deaths during treatment	Number still under treatment at end of the year	Number removed from the District
Notified	Treated							
	At Home	In Hospital						
3	3	—	—	—	—	—	—	—

### *TYPHOID & PARA TYPHOID FEVER.*

No notification of typhoid or para typhoid fever was received in 1950.

*SCABIES.*

The Cleanliness Centre at the School Clinic premises continued to be used for the treatment of Scabies and 44 cases were dealt with during the year. Of these 5 were adults, 31 school children, and 8 pre-school children.

*NOTIFICATION FEES.*

The total amount paid in fees to medical practitioners for the notification of all notifiable diseases during 1950 was £173 6s. 6d.

**VENEREAL DISEASES.**

Arrangements for the treatment of Venereal Diseases were under the control of Dr. Herbert J. Bell. The follow-up work and contact tracing was carried out by the Head Almoner of the Cumberland Infirmary, and in cases of difficulty the senior Health Visitor was informed and she visited the patient.

The number of City residents known to have been treated during the year for Venereal Diseases was 132. The conditions treated were as follows :—

Syphilis	..	..	..	17
Gonorrhoea	..	..	..	14
Other Conditions	..	..	..	101

No action was taken under the Venereal Diseases Act, 1917.



## **SECTION IV.**

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**Tuberculosis,**





## Tuberculosis.

REPORT BY DR. W. HUGH MORTON, CONSULTANT CHEST  
PHYSICIAN.

Tuberculosis continues to be the chief problem of Chest Physician. Whilst the statistical data for 1950 records a substantial change from that of 1949, the fact that work was limited by short staffing and by inadequate facilities, leaves no doubt in my mind that much field work is still to be carried out.

During the whole of 1950, work was carried out from an office at 11 Portland Square, kindly lent by Dr. Kenneth Fraser, the County Medical Officer for Cumberland, and from the Corporation Clinic in George Street, where Dr. Rennie managed to allot us facilities, whereby we were able to conduct two full sessions weekly. This was greatly appreciated, in view of the already full programme of clinics carried out. In addition, one of the clerical staff was also accommodated there, practically full-time. The X-rays for 1950 continued to be done, as previously, by Dr. Connell and Dr. Scott Harden at their Warwick Road rooms.

### *NOTIFICATIONS of TUBERCULOSIS.*

The number of notifications of tuberculosis for the years 1945-1950 were as follows:—

	<i>Pulmonary.</i>	<i>Non-pulmonary.</i>
1945	73	24
1946	90	14
1947	82	22
1948	69	22
1949	65	11
1950	93	11

Table XII shows the number of primary notifications of new cases of tuberculosis received during the year.

**TABLE XII.**

Age periods	Number of Primary Notifications of new cases of Tuberculosis.											Total (all ages)
	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 & upwards	
Pulmonary—												
Males ..	—	—	1	—	3	11	9	8	5	7	2	46
Females ..	—	—	—	2	4	11	13	2	3	2	—	37
Non-												
Pulmonary												
Males ..	—	—	—	1	—	2	—	—	—	—	1	4
Females ..	—	1	1	1	—	—	—	—	—	—	—	3
Totals	—	1	2	4	7	24	22	10	8	9	3	90

Other cases of tuberculosis were brought to the knowledge of the Medical Officer of Health otherwise than by formal notification, and the distribution of these by age, sex, type and source of information, is given in Table XIII.



Every effort has been made to secure that the Notification Regulations are strictly followed, as much of the success achieved in controlling the disease depends on this. Whilst a large number of cases of pulmonary tuberculosis are non-infectious there remains a hard core of infectious cases, and unless they are notified and brought under supervision and treatment they will continue to infect others. Family contacts of such cases are in particular danger, and examination of the contacts is rightly stressed as one of the chief functions of the Chest Service. Much is also achieved in educating patients, when they come under our care, so that they will cease to be a danger to others. In this connection the Tuberculosis Health Visitors of the City play a most important part.

### *DEATHS FROM TUBERCULOSIS.*

The deaths from tuberculosis are set out in Table XIV :—

**TABLE XIV.**

	<i>Pulmonary.</i>	<i>Non-Pulmonary</i>
1945	32	9
1946	45	4
1947	38	9
1948	30	2
1949	46	3
1950	24	6

Table XV. shows the total Tuberculosis and Pulmonary Tuberculosis Death rate per 1,000 of the population for the past 10 years.

**TABLE XV.**

Year.	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Total T.B. Death Rate	0.69	0.7	0.6	0.8	0.68	0.77	0.74	0.48	0.74	0.44
Pulm. T.B. Death Rate	0.56	0.58	0.56	0.79	0.53	0.71	0.60	0.45	0.69	0.35

## DISPENSARY REGISTER STATISTICS.

Table XVI shows the total number of cases on the Dispensary Register for the year 1950. From this it will be noted that the number of cases of pulmonary tuberculosis coming under our care has increased, in the year under review, by 41.

TABLE XVI.

Cases on Dispensary Register. (Details of year's work.)

	<i>Respiratory</i>			<i>Non-Respiratory</i>			<i>Totals</i>			<i>Grand Total</i>
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
Cases on Clinic Register on 1st January, 1950 ..	140	158	29	18	30	48	158	188	77	423*
Additions to Register during 1950 .. ..	42	40	1	—	1	1	42	41	2	85
	182	198	30	18	31	49	200	229	79	508
Written off Register during 1950 .. ..	19	19	4	1	1	1	20	20	5	45
Number on Register at end of year .. ..	163	179	26	17	30	48	180	209	74	463
Number of above known to have had positive sputum within the preceding 6 months ..	46	40	—	—	—	—	46	40	—	86

\* It will be noted that this figure does not correspond with the numbers at 31st December, 1949, given on page 37 of the Annual Report for that year. This is due to inadvertent omission from the 1949 figures of 37 pulmonary and 11 non-pulmonary cases who had not visited the Dispensary but nevertheless should have been included on the Register.

I would particularly comment on the comparatively large number of patients as noted in the last line of the table, who have positive sputa, and must be considered to be infectious.

Table XVII shows the number of examinations carried out at George Street Clinic, and at the City General Hospital, during the year :—

**TABLE XVII.***(a) carried out at George Street Clinic.*

Number of new cases seen during the year	..	405
Number of examinations during the year	..	1182
Number of contacts examined during the year	..	292

*(b) carried out at the City General Hospital.*

Number of attendances for A.P. Refills	..	..	1056
Number of attendances for P.P. Refills	..	..	146
Number of attendances for aspiration of fluid etc.			17

Throughout the year the co-operation of the General Practitioners has been excellent, and we have reciprocated by sending reports on each patient examined, to the doctors concerned. I believe this has been greatly appreciated.

Many cases of pulmonary tuberculosis have again been discovered to be living in unsuitable housing conditions. The relationship between overcrowding and tuberculosis is now a well established fact, and as in previous years the City Council has played its part in rehousing all cases recommended by us.

*EXAMINATION OF CONTACTS.*

The figures for contact examinations are given in detail in Tables XVIII and XIX :—

**TABLE XVIII.***Total number of contacts examined.*

	<i>Adults.</i>	<i>Children.</i>
1947	65	54
1948	76	63
1949	80	59
1950	92	200

**TABLE XIX.***Details on contacts examined in 1950.*

	Adults		Children.	Total.
	Men	Women		
Number examined and found non-tubercu- lous . . . . .	30	56	198	284
Number examined and found tuberculous . .	1	5	2	8
	31	61	200	292

*B.C.G. VACCINATION.*

Number of child contacts inoculated with B.C.G. Vaccine :—

Males.	Females.	Total.
8	5	13

Although the figures for contact examinations show a gratifying increase over previous years, there is still no room for complacency, and it is safe to say that with the greater facilities available at the new Chest Centre, (which was opened in January, 1951), these figures will be increased again next year.

The Local Authorities are vitally interested in the vaccination of susceptible contacts with B.C.G. Vaccine. One of the most significant features of infection by the tubercle bacillus is that it does not always cause disease ; in fact, in the majority of instances no signs or symptoms are experienced when the body is primarily invaded by that organism. From this it may be concluded that the human body possesses considerable "native resistance" to tuberculosis and that it is



only when this is low, or the initial dose of bacilli large, that noticeable constitutional changes follow the primary infection. Although this may be silent, it nearly always produces changes in the tissues which cause them to develop a hypersensitivity towards any subsequent dose of tubercle bacilli or certain products derived from them. In addition an "acquired resistance" is built up which enhances the native resistance and increases the powers of the tissues to overcome the harmful effects of the tubercle bacilli and to suppress their power of reproduction. Advantage is taken of the development of hypersensitivity following primary infection to determine, by means of tuberculin skin tests, if infection has taken place.

The knowledge that a healed primary lesion confers a certain degree of protection against subsequent infection has led to the use of a vaccine, consisting of a strain of tubercle bacilli of low virulence, for the production of a controlled primary focus, and the consequent improvement of resistance, without the danger which attends natural exposure to infection by unknown quantities of bacilli. The vaccine used for this purpose consists of an attenuated strain of bovine tubercle bacilli known as *Bacillus-Calmette-Guerin*, or B.C.G.

It is of value for many reasons connected with diagnosis and also in preventive medicine, and in particular in anti-tuberculosis vaccination work, to know if a person has been infected by the tubercle bacillus. This is recorded by a positive result following a tuberculin skin test.

The procedure carried out is by two intradermal tests with a six weeks' interval elapsing. All patients giving a negative reaction to test No. 1 are given a second test in six weeks with a tuberculin ten times stronger than the first. Should the second test also be negative then that person is suitable for vaccination with B.C.G.

At the commencement of our operations in 1950 we carried out a large number of modified tests using Tuberculin



Jelly, but we were not entirely satisfied with this, and we are now undertaking the primary test with the Mantoux intradermal test. All child contacts below the age of 15 are now tested as a routine measure.

B.C.G. vaccination is at present limited to contacts of cases of tuberculosis, and to nurses and medical students who come in contact with such cases. It is not yet available for the general public.

The comparatively small number of persons actually vaccinated in 1950 results from the fact that this scheme of B.C.G. vaccination was only commenced in the last quarter of the year. The figures for 1951 will show a much larger number, and in fact, at the time of writing, (June 1st) there has already been 65 child contacts vaccinated in the City area.

#### INSTITUTIONAL TREATMENT.

As in previous years hospital treatment of patients has been greatly handicapped by the shortage of beds, both in sanatoria and in hospitals. It is considered that for the whole of the Special Area 350 beds are required for the diagnosis and treatment of cases of pulmonary tuberculosis. At the beginning of 1950 the beds available for the treatment of pulmonary tuberculosis for the Special Area were as follows:—

						<i>Beds.</i>
Meathop .. .. .	..	..	..	..	..	25
Blencathra .. .. .	..	..	..	..	..	100
Stannington .. .. .	..	..	..	..	..	5
City General Hospital .. .. .	..	..	..	..	..	12
Cumberland Infirmary .. .. .	..	..	..	..	..	10

Unfortunately, however, for the greater part of the year 20% of the beds at Blencathra Sanatorium were out of commission, because of structural alterations, which are now happily completed.

Admissions to Meathop Sanatorium had also to be curtailed drastically because of shortage of nursing staff.

The waiting list consequently grew, and for the greater part of the year under review, hovered around 120 for the whole of the Special Area. Although large sanatorium waiting lists pertained throughout the whole of the country during 1950, the problem was particularly acute in this area. The Special Area Committee considered the situation, and they appointed a Tuberculosis Committee, one of whose tasks was to provide further bed accommodation for our cases. As a result we have been able to secure, as an interim measure, a small, but gratifying, increase in the number of beds at our disposal. The long term policy is, of course, one of a new sanatorium within reasonable distance of Carlisle. There is also a mid-term policy whereby Camerton Hospital, near Workington, may become available for treatment of cases of tuberculosis, after certain structural alterations, etc., have been carried out. I understand that this scheme has gone to the Ministry for their approval.

Additional beds now available are located at :—

Ormside Hospital, Appleby	..	..	9
Longtown I.D. Hospital	..	..	7
Ellerbeck I.D. Hospital, Workington	..	7	

but it was only possible to bring the beds at Longtown into use just before the end of 1950.

#### TABLE XX.

*Beds occupied at the end of the year by cases from the City of Carlisle.*

						<i>Beds.</i>
Blencathra	..	..	..	..	..	30
Meathop	..	..	..	..	..	4
Stannington	..	..	..	..	..	—
Cumberland Infirmary	..	..	..	..	..	8
City General Hospital	..	..	..	..	..	4
Longtown I.D. Hospital	..	..	..	..	..	2

**TABLE XXI.**

*Total number of Carlisle City cases admitted to institutions for diagnosis and treatment during the year.*

	<i>Adults.</i>	<i>Children.</i>
Blencathra .. .. .	37	—
Meathop .. .. .	4	—
Stannington .. .. .	—	—
Longtown I.D. Hospital ..	5	—
Cumberland Infirmary ..	11	—
City General Hospital ..	24	1

Of the 24 cases admitted to the City General Hospital, 13 cases were transferred from Blencathra Sanatorium with a view to adhesion section, phrenic evulsion etc. The number also includes 4 cases where artificial pneumothorax was induced, with or without thoracoscopy.

Very fortunately it has been possible in a vast majority of cases to commence treatment at home, and the extensive employment of Paramisan and Streptomycin throughout the year, and given to patients at home, has more than justified its use. In a not inconsiderable number of cases the disease has responded so well on bed rest treatment, plus chemotherapy at home, that admission to sanatorium or hospital has not been necessary later. The sheet anchor of treatment is undoubtedly rest of the diseased lung. The fact that we are getting such results should re-assure those patients who feel that they will not get better unless they go to a sanatorium. More-over those patients who have disease, which in our opinion needs more than chemotherapy are placed on a priority waiting list, so that as little time as possible is wasted before they are got away.

*AFTER CARE.*

The City Council, during the year, appointed an After Care Committee, which has met at regular intervals. The object of its work is to prevent, so far as possible, any deteriora-

tion in the living standards of the patient and his family, as the result of the patient's disability. Through the After Care Committee a wide range of help is possible, ranging from the loan of beds and bedding to patients, to the provision of extra nourishment in necessitous cases. The After Care Committee may also contribute towards the cost of the services of a Home Help in special cases; in many cases these are essential, and fill a long felt want. The Tuberculosis Health Visitors are a very vital link in this service.

The After Care Committee is also concerned with the rehabilitation of patients, and during the year close co-operation has been maintained with the local Officer of the Ministry of Labour. The rehabilitation of the tuberculous patient is a very difficult problem, as in many cases the patient remains infectious even after a period of sanatorium treatment. The Committee are also prepared to send suitable cases, on my recommendation, to a Village Settlement, and although no patient, during the year under review, was considered suitable for this, one has since gone during 1951.

### *CHEST DISEASES OTHER THAN TUBERCULOSIS.*

During 1950 we have seen a large number of cases of chest disease other than pulmonary tuberculosis. The most common presenting itself is, undoubtedly, bronchiectasis, and in this connection we work in close association with the Thoracic Surgery Unit at Shotley Bridge. One of the Thoracic Surgeons attends at Carlisle weekly, and we discuss our cases in consultation, so that the best line of treatment may be adopted in the particular case.

The number of cases seen was 19, but not all of these cases required surgical treatment. Many milder types of bronchiectasis respond very well to postural drainage and breathing exercises. We should like to have a Chest Physiotherapist on our staff, full-time, but so far we have not been able to secure one.

*MASS RADIOGRAPHY.*

Mass Radiography surveys are the responsibility of the Special Area Committee, but the discovery of cases of tuberculosis, by this method, is a preventative measure, and as such, vitally concerns the Local Authority.

Unfortunately, principally, owing to our inability to recruit radiographers, we were unable to commence operations in 1950. This defect was not remedied until the early spring of this year, since then the Unit has been in continuous operation.

One survey at one of the factories in Carlisle has already been made, and the first public session of the Unit will take place in the near future, at its base at the Warwick Hotel, Warwick Road, Carlisle.

The detection of symptomless or latent tuberculosis by Mass Radiography has been subject to much careful investigation over the past 20 years, and the present method of surveying a large section of the population is based on the findings resulting therefrom.

The complete apparatus is contained in a mobile van with full X-ray equipment, camera, developing room etc., whilst a trailer houses the generator.

The method is quick, and persons can pass through the unit at a rate varying between one and two every minute. The pictures are taken on a 35 mm film and after developing are read. A small number of persons will be recalled for large film examinations. This number will include those whose miniature films are unreadable for technical reasons, and those who have definite abnormalities in the chest requiring further investigation. On an average survey the number recalled usually does not exceed 6% ; while the number of persons found to have tuberculosis, and requiring further investigation should be about 1%. The actual number of cases requiring treatment, on an average survey will, however, be considerably less than this. Our experience in Carlisle agrees largely with this figure.

The whole service is free, voluntary, and confidential. I cannot stress the confidential nature of the examinations too much, and in cases where some abnormality is found, requiring treatment, it is my usual practice to get in touch with the person's own doctor, with the person's permission. Should that person refuse his consent, then I cannot do anything further.

The ground floor of the Warwick Hotel, as mentioned above, has become the base of the Unit. In dealing with a large number of the population considerable records require to be retained, and reports furnished to the Ministry and Regional Hospital Board. In addition the base at the Warwick Hotel will be available for carrying out public sessions, within the City. We shall also be prepared to arrange appointments for any smaller factories, or groups of individuals to pass through.

In conclusion I would like to express my appreciation for the very valuable co-operation, during the year, by the City Public Health Department.



## **SECTION V.**

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**Services provided under Part III of the National  
Health Service Act, 1946.**

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**HEALTH CENTRES.**

**CARE OF MOTHERS AND YOUNG CHILDREN.**

**MIDWIFERY SERVICES.**

**HEALTH VISITING.**

**HOME NURSING.**

**VACCINATION AND IMMUNISATION.**

**AMBULANCE SERVICE.**

**PREVENTION OF ILLNESS, CARE AND AFTER-CARE.**

**HOME HELP SERVICE.**

**MENTAL HEALTH SERVICES.**





## **Services provided under Part III of the National Health Service Act, 1946.**

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### **HEALTH CENTRES.**

No action was taken regarding the provision of Health Centres.

### **CARE OF MOTHERS AND YOUNG CHILDREN.**

The absence of an Assistant Dental Surgeon has restricted the development of priority dental services, but the health visiting service has been maintained although the expansion visualised in the proposals made in accordance with the Act has not materialised on account of the difficulty of recruiting Health Visitors.

There were 1,737 births notified during the year, which is a decrease of 78 over the figure for 1949. Of this number 1,677 were live births and 60 still-births. Four notifications were received from medical practitioners, and the remainder were notified by midwives.

### *ANTE-NATAL CLINICS.*

Ante-natal clinics continued to be held at the Maternity and Child Welfare Centre at Eildon Lodge for those expectant mothers who had arranged to have their confinement at home, while patients who had arranged for a hospital confinement received their ante-natal supervision at the City Maternity Hospital.

The number of patients who attended the ante-natal clinic was 172 ; of this number 145 attended for the first time. The total number of attendances by expectant mothers was 1,013.

Facilities are provided and arrangements have been made for every expectant mother to have her blood grouped and the presence or absence of the Rh factor determined. When all tests are completed the mother is given a card showing her blood group, etc., and this information is thus available at her confinement or in the event of an emergency. If Rh antibodies develops the patient is immediately referred to the City Maternity Hospital.

### *POST-NATAL CLINICS.*

A combined ante-natal and post-natal clinic was held each week, and during the year 26 mothers attended for post-natal examination. No advice was given at this Clinic on contraceptive measures.

The Voluntary Clinic, which is run under the auspices of the Family Planning Association, continued its work in the City. During the year the Association was afforded accommodation in Eildon Lodge and held a Clinic each fortnight.

### *PROVISION OF MATERNITY OUTFITS.*

During the year 199 maternity outfits were issued, free of charge, to expectant mothers whose confinements took place at home. In each case the application for the outfit was accompanied by a certificate from a doctor or midwife.

### *CARE OF PREMATURE BABIES.*

All infants whose birth weight is  $5\frac{1}{2}$  lbs or less are included under this heading, and the number of notifications of these infants received during the year was 75. This figure includes 13 babies born at home, and 62 born in hospitals or nursing homes. The children born at home are kept under close observation by the Health Visitors from the time the notification is received, and where the home conditions are good and the parents are capable of caring for the child, the baby is allowed to remain at home. In cases where the home conditions are considered to be unsuitable or other circumstances render it advisable the child is immediately taken to hospital. Close liaison between the Hospital

Authorities and this Department continues, and the Health Visitor visits all premature children discharged from Hospital and makes the necessary arrangements for the proper care of the child.

Of the 13 born at home, 7 were removed to the special nursery at the City Maternity Hospital.

### *CHILD WELFARE CLINICS.*

Welfare clinics continue to be well attended by the mothers who take their children of pre-school age for medical examination, diphtheria immunisation and advice on the care of infants.

The following sessions were held during the year :—

- |                                 |   |
|---------------------------------|---|
| I. At Eildon Lodge Clinic ..    | Monday afternoons.<br>Wednesday afternoons—discontinued from 4th January, 1950.<br>Thursday afternoons. |
| II. At Currock Community Centre | Tuesday afternoons.   |
| III. At Etterby Mission Hall .. | Wednesday afternoons—commenced, 11th January, 1950.   |
| IV. At Raffles Community Centre | Wednesday afternoons— commenced 19th July, 1950.  |

At Etterby and Raffles a clinic is held on alternate Wednesdays, and a doctor is present at each session.

The following is a summary of the attendances of children at the above Clinics :—

No. of children who attended Centres during the year 1,913

No. of children who first attended, and on the date of their first attendance were :—

Under one year of age	..	..	736
Over one year of age	..	..	184
Total	..	..	920

No. of children who attended the Centres and at the end of the year were :—

Under one year of age	..	..	694
Over one year of age	..	..	1309

Total number of attendances made by children who attended the Centres 9,592

The following is a summary of pre-school children referred for dental and specialist treatment :—

*To Ophthalmic Surgeon.*

Number of children	.. ..	32
--------------------	-------	----

*To E. N. T. Specialist.*

Number of children examined	..	112
-----------------------------	----	-----

Number of children re-examined		106
--------------------------------	--	-----

Number of children admitted to hospital for operative treatment		50
---	--	----

*To Orthopaedic Surgeon.*

Number of new cases examined	..	80
------------------------------	----	----

Number of cases re-examined	..	169
-----------------------------	----	-----

*To Dental Officer.*

Number of children examined	..	124
-----------------------------	----	-----

Number of children who received treatment	.. ..	112
---	-------	-----

### SUPPLIES OF WELFARE FOODS.

Facilities were available at Eildon Lodge Clinic for the purchase of welfare foods, and the clerk on duty distributed orange juice and cod liver oil on behalf of the Ministry of Food.

National Dried Milk and vitamin products were supplied at the Food Office, Lowther Street, and a member of the staff of that office attended the Infant Welfare Clinics at Currock, Etterby and Raffles for the distribution of these products.

In October the Ministry of Food held a Welfare Foods Photographic Campaign at Eildon Lodge. His Worship the Mayor and the Mayoress (Mr. Alderman Partridge and Mrs. Partridge) were present together with representatives of the Ministry of Food, W.V.S., the Health Visiting Staff and a number of mothers with their babies.

*PRIORITY DENTAL SERVICES FOR EXPECTANT  
AND NURSING MOTHERS AND PRE-SCHOOL  
CHILDREN.*

REPORT BY DR. T. W. GREGORY, SENIOR DENTAL SURGEON.

Only one dentist has been available this year to deal with the needs of these priority classes, in addition to the school children for whom this Authority is responsible.

It is interesting to note that an expert Committee has put forward the recommendation that there should be one dentist available for every 2,000 of the school population. Dentists employed in this ratio should, in addition, be able to meet the needs of pre-school children and expectant and nursing mothers who are likely in the near future to present themselves for dental care. That is a measure of the need, and this Committee will appreciate the inadequacy of the means to meet that need. There are still no signs of this problem being handled realistically on a national scale.

With reference to the statistical Table XXII, it will be noted that the acceptance rate for treatment is very high. This is due to the fact that, for the most part, the treatment carried out was for the relief of pain or in response to a specific request for treatment. It is perhaps worth recording that as compared with school children, expectant and nursing mothers are not particularly punctual in keeping appointments, if indeed they are kept at all. Amongst other reasons, (one or two fairly obvious), the co-operation of school teachers in securing the attendance of their scholars is probably a factor bearing on this comparison.

While most of the pre-school children for whom treatment is sought are over two years of age, it is distressing to come across the occasional child under that age for whom extraction of one or more teeth is the only adequate treatment. A considerable degree of experience and skill is indicated in dealing with these future citizens.

It seems unnecessary to elaborate in detail on the other figures given, but in conclusion I should like to record my appreciation of the helpful co-operation given at all times by the medical staff, dental attendants and technician.

TABLE XXII.

DENTAL TREATMENT PROVIDED FOR EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN.

(a) Numbers provided with dental care.

	Examined.	Needing Treatment	Treated	Made Dentally Fit.
Expectant and Nursing Mothers ..	14	12	11	7
Children under Five ..	124	112	112	56

(b) Forms of dental treatment provided.

	Extractions.	Anaesth.		Fillings.	Scalings or Scaling & gum treatment	Silver Nitrate treatment	Dressings. graphs		Dentures Provided	
		Loc.	Gen.						Comp.	Part
Expectant and Nursing Mothers ..	28	—	8	15	5	—	—	2	2	1 upper lower
Children under Five ..	186	—	100	45	1	4	1	—	—	—



### *DAY NURSERIES.*

The two Day Nurseries in the City provide accommodation for 10 children under 2 years of age and 80 children between the ages of 2 and 5 years. The general running of the Nurseries continued as in previous years.

### *MOTHER AND BABY HOMES.*

The arrangements with the Voluntary Organisations for the care of unmarried mothers and their children were continued. The St. Monica's Home, Kendal, and Brettargh Holt Home, near Kendal, are establishments which afford shelter for the mother before the confinement, during the confinement, and after the birth has taken place. In the case of Coledale Hall and Cottage, the mother is admitted before her confinement, and she may again be admitted after the confinement. The number of City mothers accommodated in these Homes during 1950 was as follows :—

<i>Home.</i>	<i>Number of Mothers</i>	<i>Total Mother Weeks in Res- idence.</i>
St. Monica .. .. .	3	38
Coledale Hall .. .. .	3	43
Brettargh Holt .. .. .	1	12

Provision is also made for contributing to the maintenance of illegitimate children in the above Homes, where the mother has had to have a preliminary period on her own to establish herself.

Mrs. Bush, the Superintendent of Coledale Hall continued to act as Welfare Worker on behalf of the Council for the care and protection of illegitimate children.

During the year she dealt with the following cases :—

Married Women with illegitimate children ..	5
Unmarried    „            „            „            „ ..	8
	Total 13
Couples advised re adoption .. .. .	5

## MIDWIFERY SERVICES.

### *DOMICILIARY MIDWIFERY.*

In accordance with the scheme under Section 23 of the National Health Service Act, 1946, two midwives were employed directly by the Council, and the Carlisle and District Nursing Association provided two midwives on the Council's behalf.

Ante-natal clinics were held at Eildon Lodge as already reported (page 51).

During the year the domiciliary midwives attended 182 women in childbirth ; 140 as midwives and 42 as maternity nurses. In 43 instances the midwives summoned medical aid under Section 14 (1) of the Midwives Act, 1918.

### *SUPERVISION OF MIDWIVES.*

The Superintendent of the District Nursing Association has acted as Non-Medical Supervisor of Midwives, while Dr. Christine Anderson (Assistant Medical Officer of Health) has undertaken the duties of Supervisor of Midwives.

The following is a summary of the numbers of midwives who notified their intention to practise in the City.

#### *In Domiciliary Practise.*

No. who notified intention to practise as Midwives	9
No.    "       "       "       "       "       Maternity Nurses	9

#### *In Nursing Homes.*

No. who notified intention to practise as Midwives	7
No.   "       "       "       "       "       Maternity Nurses	11

#### *In Hospitals.*

No. who notified intention to practise as Midwives	37
No.   "       "       "       "       "       Maternity Nurses	7



## *MIDWIFERY TRAINING.*

The District Nursing Association continued to act as a Part II Training School for Midwives, but on account of the reduced number of domiciliary confinements the Association was unable to accept the full complement of students for training.

## *GENERAL PRACTITIONER OBSTETRICIANS.*

At the end of the year 19 local practitioners were on the list of General Practitioner Obstetricians of the Carlisle Executive Council.

## **HEALTH VISITING.**

It was not possible to increase the number of Health Visitors but one Student Health Visitor was recruited and at the end of the year was receiving training in Aberdeen. Difficulty has been found in attracting Student Health Visitors, but I understand other Local Health Authorities are having the same experience.

The following is a summary of the work done by the Health Visitors during the year :—

Primary visits in connection with the noti- fication of births . . . . .	1185
---	------

Re-visits to children between	
0-1 year . . . . .	6592
1-5 years . . . . .	9790
Total number of routine visits to children	17567

Visits to expectant mothers :—

Primary . . . . .	169
Re-visits . . . . .	167

Visits in connection with :—

Deaths of children under 1 year . . . . .	8
Ophthalmia Neonatorum . . . . .	10
Pemphigus Neonatorum . . . . .	—

Measles :—				
Under 5 years	..	..	..	69
Over 5 years	..	..	..	23
Whooping Cough :—				
Under 5 years	..	..	..	141
Over 5 years	..	..	..	26
Pneumonia	..	..	..	21
Chicken Pox	..	..	..	11
Mumps	..	..	..	3
V.D. Cases (at request of Almoner,				
Cumberland Infirmary)	..	..		6
Hospital Follow-up (at request of Almoner,				
Cumberland Infirmary)	..	..		25
Prevention of Illness	..	..	..	1
Home Help Service	..	..	..	5
Housing, Problems	..	..	..	4
Visits to Child Welfare Centres	..	..		401
Attendances at Immunisation Clinic	..	..		21

### HOME NURSING.

The arrangements made in 1948 with the Carlisle District Nursing Association to provide a full service of home nursing remained the same. The staff at the end of the year consisted of 4 full-time and 6 part-time nurses. Requests from Medical Practitioners for the services of a nurse for a patient were made to the Superintendent of the District Nursing Association.

During the year the District Nursing Association indicated that it was not possible for them to carry on the agency, and negotiations took place during the year for the handing over of assets and responsibilities to the City Council on the 1st January, 1951. I should like to take this opportunity of expressing my appreciation of the service which the District Nursing Association has in the past rendered to the Citizens of Carlisle.

The following is a summary of the work undertaken during 1950 :—

Number of cases attended..	..	..	..	1337
Number of visits paid	..	..	..	25763

## VACCINATION AND IMMUNISATION.

### VACCINATION.

The scheme of vaccination as outlined in my last year's Report continued to operate. The work done at the School Clinic and by the 21 Medical Practitioners participating in the scheme is summarised below. :—

#### *By Private Practitioners*

Primary Vaccinations	..	..	..	444
Re-Vaccinations	..	..	..	186

#### *At School Clinic*

Primary Vaccinations	..	..	..	211
Re-vaccinations	..	..	..	44

Total Primary 655

Total Re-Vaccinations 230

The number of children being vaccinated is far from satisfactory. It is highly desirable that a child should be vaccinated in infancy when the reaction is minimal. To defer until later life and have a primary vaccination in the presence of an outbreak of Smallpox or for overseas travel is not by any means satisfactory. Vaccination is now voluntary and the onus for having this procedure carried out rests on the parents. This department brings to the notice of parents of young children the facilities available, together with a list of all doctors participating in the Council's Scheme.

### DIPHTHERIA IMMUNISATION.

The scheme for Diphtheria Immunisation was operated in a similar manner, 23 local practitioners taking part,

The following is a summary of work done. :—

<i>By private practitioners</i>	<i>Under 5 years.</i>	<i>Five years and over.</i>
Complete Course .. ..	255	12
Partial Course (Patient failed to complete) .. ..	—	—
Re-inforcing dose .. ..	—	19
<i>At Clinics.</i>		
Complete Course .. ..	680	115
Partial Course .. ..	92	12
Re-inforcing Dose .. ..	—	805

At the end of the year 67.3 per cent. of children under 5 years and 86.9 per cent. of children of school age had been immunised.

### AMBULANCE SERVICE.

This Service continued to operate as a combined Service. The number of vehicles used in the running of the Service was the same as the previous year, viz. 6 Ambulances and 2 sitting case cars. The personnel engaged at the end of the year was 15.

The calls attended, journeys completed and patients conveyed, together with the mileage recorded is shown in Table XXIII.

**TABLE XXIII.**

	<i>Patients.</i>	<i>Journeys.</i>	<i>Mileage.</i>
City Removals to Local Hospitals	7383	7381	22967
City Cases to distant locations ..	285	269	18732
Other Cases „ „ ..	152	145	6297
Hospitals to Home (City) ..	6956	6952	19523
City Hospitals to County Areas ..	330	287	10625
County to Local Hospitals ..	44	43	918
Hospital Transfers :—			
(a) City Patients .. ..	315	295	2078
(b) Non-City Patients .. ..	450	412	2089
Schools .. ..	2035	685	4343
Other Journeys .. ..	185	858	3776
Emergencies .. ..	496	489	1940
TOTALS ..	18631	17816	93288

## PREVENTION OF ILLNESS, CARE & AFTER CARE.

### *TUBERCULOSIS.*

Visiting was undertaken by Health Visitors and State Registered Nurses approved by the Ministry of Health for the purpose.

The details of notification of cases of Tuberculosis are given on page 35-37.

Tuberculosis visitors paid 704 home visits during the year, and 292 contacts were examined by the Clinical Tuberculosis Officer. Of these 8 were found to be suffering from tuberculosis.

The Tuberculosis After Care Sub-Committee met at quarterly intervals. Schemes were formulated for —

- (a) Extra financial relief in respect of Home Help Service.
- (b) Provision of nursing requisites.
- (c) Provision of extra nourishment in exceptional cases.
- (d) Financial provision for sending suitable patients to Tuberculosis Colonies, e.g., Papworth.

### *MENTAL ILLNESS AND DEFECTIVENESS.*

The work under this Section is described on pages 66-69.

### *OTHER TYPES OF ILLNESS.*

The Health Visitors co-operated with Hospital Staffs and General Practitioners and other appropriate individuals in dealing with persons who required their services, but the amount of work undertaken was necessarily limited. The District Nursing Association made provision for after care and treatment when so requested by the practitioner in charge.

The follow up of V.D. cases in the City was undertaken by Miss Buck, Almoner of the Cumberland Infirmary. Close liaison was maintained between her and the Health Visitors who gave assistance with cases of special difficulty.

## *PROVISION OF NURSING EQUIPMENT AND APPARATUS.*

The number of applications for nursing requisites increased considerably during the year. These articles are stored at the Health Department and are issued to the public on the production of a note from a doctor, nurse or midwife. On each of these articles a small loan charge is made, the amount varying with the value of the article.

Such requisites are also held by the District Nursing Association but their supply is conserved for emergency issue only.

The number of articles loaned from the Department was 426.

## *CONVALESCENT TREATMENT.*

During the year 12 patients were recommended convalescence by their private practitioner and were sent to Silloth Convalescent Home. In each case an assessment was made by the Home Help Organiser and part of the cost was recovered. The City Council does not accept liability for convalescent treatment of patients receiving treatment under Part II of the Act.

## *HEALTH EDUCATION.*

The City Council contributes to the funds of the Central Council for Health Education who provide posters, literature, etc. for circulation in the clinics, welfare centres, etc. During the year the Central Council provided a stand for the exhibition of interchangeable educational material which was supplied at six weekly intervals.

In October the Central Council for Health Education in co-operation with the Health and Education Committees held a Two Day Course in Carlisle. The following meetings were held :—



- 1.—Two Day Course for Medical Officers and Public Health Nurses on—"The Principles, Methods and Media of Health Education."
- 2.—One Day Course for Staffs of the Children's Department, Probation Officers, Day Nursery Staff, Wardens of Residential Homes and Approved Schools on—"Looking After Children."
- 3.—One Day Course for Head Teachers or their Deputies on—"Health Education in the School."
- 4.—A public meeting on—"Problems of Childhood."
- 5.—A public Lecture Demonstration and Film on "Food Hygiene." Caterers, Food Traders and All Concerned in the handling of Food were specially invited.

An invitation to attend was extended to the appropriate staffs of adjacent Local Authorities.

### **HOME HELP SERVICE.**

The Home Help Service continued to expand throughout the year. One feature of this service has been the predominant use of it by old people. Such people might otherwise have to seek admission to Old People's Homes (Part III Accommodation) and it is both better for them and more economic for the City that they should remain in their own homes. It was expected when the service was established that maternity cases would have first priority and constitute the major source of demand. Experience has shown, however, that where a mother cannot get a relative or friend to keep her house she tends to seek admission to a Maternity Hospital and the actual number of requests for service on account of confinements has been small. Certain Home Helps volunteered for service in tuberculosis households and these ladies were X-rayed and examined by the Chest Physician.

During the year it became necessary to appoint an assistant to the Home Help Organiser, and the lady appointed took up her duties on 18th September, 1950.

At the end of the year 6 full-time and 39 part-time, equivalent to a total of 26 full-time Home Helps were employed. Help was given in 170 homes.

The special Sub-Committee dealing with cases where there was hardship, etc., in meeting the assessed charges continued to meet prior to the monthly meeting of the Health Committee. In 5 cases the charges were remitted.

### MENTAL HEALTH SERVICES.

Mental Health Sub-Committee, consisting of eight Councillors, one with special experience in Mental Deficiency and three co-opted members, one a doctor, with special experience in mental illness, meets when convened. (In any case it meets at least once a quarter.)

The general direction of the Service was in the hands of the Medical Officer of Health, who was assisted by :—

One Psychiatrist (Mental Illness) M.B., Ch.B., D.P.M. Part-time.	}	From Regional Hospital Board
One Psychiatrist (Mental Deficiency) L.R.C.P.E., etc., Part-time.		
One Psychiatric Social Worker, Part-time.		
One Assistant Medical Officer of Health, M.B., Ch.B., D.P.H.		
One Educational Psychologist, M.A., Ed. B.		
One Mental Health Worker—M.A., Social Science Diploma. This Officer also acted as Duly Authorised Officer.		
Three selected men from Ambulance Service continued to act as Duly Authorised Officers.		

As indicated above the Psychiatrists and Psychiatric Social Worker are Regional Hospital Board personnel. Close liaison existed between the staffs and the follow up of patients on licence was undertaken.

### MENTAL ILLNESS.

During the year the duly authorised officers dealt with 90 patients as shown in Table XXIV :—



TABLE XXIV.

(1) No. who consented to go as Voluntary patients .. ..	52
(2) No. who were admitted on a Three Day Order .. ..	8
(3) No. dealt with by Summary Reception Orders (including 3 cases shown in (2) above) .. .. .	27
(4) No. who were admitted as temporary patients .. ..	1
(5) No. considered unsuitable for admission to a Mental Hospital .. .. .	5

## MENTAL DEFICIENCY.

Table XXV. shows details of cases reported during 1950, and the action taken.

TABLE XXV.

1. ASCERTAINMENT.	Male.	Female.	Total.
(a) Cases reported by Local Education Authority under Section 57 Education Act 1944.			
(1) Subsection 3—Ineducable Children .. .. .	1	—	1
(2) Subsection 5—In need of Supervision on leaving School ..	3	3	6
(b) Other defectives found to be 'subject to be dealt with' ..	2	—	2
(c) Other reported cases ascertained who were not at that time 'subject to be dealt with' .. .. .	—	3	3
TOTAL NUMBER OF CASES REPORTED	6	6	12
2. DISPOSAL OF CASES REPORTED DURING YEAR.			
(a) Ascertained defectives found to be 'subject to be dealt with'—			
(1) Admitted to Hospitals ..	2	—	2
(2) Placed under Guardianship	—	—	—
(3) Placed under Statutory Supervision .. .. .	2	3	5
(4) Action not yet taken ..	2	—	2
(b) Cases not at present 'subject to be dealt with'—			
(1) Placed under Voluntary Supervision .. .. .	—	2	2
(2) Action unnecessary ..	—	1	1
	6	6	12

Table XXVI. gives particulars of the total ascertained mental defectives as at the 31st December, 1950 :—

**TABLE XXVI.**

(1) In Hospitals (including cases on licence therefrom).				
Under 16 years of age .. ..	Male	Female	Total	
	9	4	13	
Aged 16 years and over .. ..	40	41	81	
(2) Under Guardianship.				
Under 16 years of age .. ..	1	1	2	
Aged 16 years and over .. ..	3	7	10	
(3) Under Statutory Supervision.				
Under 16 years of age .. ..	4	4	8	
Aged 16 years and over .. ..	30	19	49	
(4) Action not yet taken .. ..	2	—	2	
	<b>TOTAL</b>	<b>89</b>	<b>76</b>	<b>165</b>
No. of cases included in (2) to (4) above awaiting hospital treatment ..	2	3	5	
No. of Mental Defectives not at present subject to be dealt with, but over whom some form of voluntary supervision is maintained.				
Under 16 years of age .. ..	—	3	3	
Aged 16 years and over .. ..	17	24	41	
	17	27	44	

The Mental Health Worker paid 277 visits during the year and 105 home circumstances reports were supplied to Hospital Authorities in respect of patients on licence, contemplated licence or holiday.

Difficulty in getting mental defective patients admitted to hospital has been very great. It frequently happens that much correspondence has to take place before a patient can be placed. There are at present 5 patients awaiting admission to hospitals ; 2 of whom are under guardianship. Of the patients awaiting admission to hospital, 3 have waited over two years, 1 between six to twelve months, and the other under three months,

Some cases are requiring urgent admission and in spite of all our efforts it has been impossible to obtain a vacancy.

The Local Health Authority has no power to demand admission yet the Officers of the Authority are bombarded from all quarters—e.g., from Magistrates, Councillors, Parents, Probationer Officers, Approved Schools, Children's Officer, Home Office and even the Board of Control—with requests to expedite hospital admission.

At present a defective has to commit a crime which brings him before a County Court if he is to have early admission. Many trainable patients are thus being denied that training and guidance obtainable in a Mental Deficiency Hospital at a time when it would be of most value to them. It is obvious that some additional provision for defectives should be made in the very near future.

#### *OCCUPATIONAL TREATMENT.*

It was not possible to open the projected Occupation Centre, but the Supervisor has continued to act as Home Teacher and has given instruction to 19 patients. A small exhibition of work done was held in the Health Department on the 19th December, 1950.



## **SECTION VI.**

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**General Provision of Health Services Etc.**



## General Provision of Health Services, Etc.

### HOSPITALS.

The hospitals used by the inhabitants of the area were :—

*General Hospitals.*

Cumberland Infirmary.  
City General Hospital.

*Maternity Hospitals.*

City Maternity Hospital.  
City Maternity Home.

*Infectious Diseases Hospital.*

Isolation Block, Cumberland Infirmary, Carlisle.

*Tuberculosis.*

Blencathra Sanatorium, Threlkeld.  
Pavilions, City General Hospital, Carlisle.  
Isolation Block, Cumberland Infirmary, Carlisle.  
Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.  
Poole Sanatorium, Middlesbrough.  
Stannington Sanatorium.  
Shotley Bridge Hospital.

*Mental Hospitals.*

Garlands Mental Hospital (Mental Illness)  
Dovenby Hall Hospital (Mental Defectives)

*Other Hospitals for the Sick and Convalescent.*

Border Counties Home for Incurables, Strathclyde House.  
Cumberland & Westmorland Convalescent Institution, Silloth.

In special circumstances patients are taken to Hospitals in Newcastle, Edinburgh or Glasgow for treatment.

Since July, 1948, it has become increasingly difficult to get aged and chronic patients admitted to hospital. The responsibility for their admission no longer rests with the Medical Officer of Health, but particularly difficult cases frequently come to his notice through practitioners, the Home Help service or Health Visitors. There are not sufficient beds for geriatric cases in the Special Area. While this is fully appreciated by the Administrative Officers of the Regional Hospital Board the cuts in capital expenditure make adequate provision of such beds recede further from view.

### PUBLIC HEALTH LABORATORY SERVICE

The work was carried out at the Laboratory of the Cumberland Infirmary under the direction of Dr. J. Steven



Faulds, and close liaison is maintained with the Laboratory especially in the investigation and control of epidemic disease.

### **PUBLIC ANALYST SERVICE.**

Cyril J. H. Stock, Esq., B.Sc., F.I.C., etc, of Darlington, is Public Analyst to the Council, and samples of water, foods, etc., were examined at his laboratory.

### **REGISTRATION OF NURSING HOMES**

There were no new registrations during the year. The number of homes on the Register at the end of the year was 3, and these were periodically inspected and conditions generally were found to be satisfactory.

### **NATIONAL ASSISTANCE ACT, 1948.**

A separate Committee, the Welfare Services Committee is responsible for the provision of services under this Act. The Medical Officer of Health is the chief officer of the Welfare Services Committee and is assisted by a part-time Administrative Assistant (Welfare Services) Mr. Davidson, who also holds the post of Superintendent Registrar. The duties under the National Assistance Act make considerable calls on the time of the Health Department, but the one officer being responsible for Health, School Medical and Welfare Services makes for better co-ordination of these services.

During the year no action was taken under Section 47 of the National Assistance Act (this section deals with the compulsory removal of persons incapable of looking after themselves.)

The Committee maintains Barn Close, Stanwix, an Eventide Home which can accommodate 23 ladies. Other persons requiring Part III Accommodation were housed in the City General Hospital, a Social Welfare Institution which passed to the Regional Hospital Board in July, 1948, and in homes belonging to other Authorities.

## **SECTION VII.**

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### **Report of the Chief Sanitary Inspector**

**WALTER HANSON, M.S.I.A., C.R.S.I.**



# REPORT

## OF THE

### CHIEF SANITARY INSPECTOR

WALTER HANSON, M.S.I.A., C.R.S.I.

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#### **SANITARY CIRCUMSTANCES.**

The sanitary condition of the City is good, and frequent inspections covered the whole district many times in the year. A classified list of inspections is in the appendix but this can represent only a rough idea of the nature of the work which is involved in consultations, inspections of plans and proposals with architects and builders, discussions and advice to owners and tenants and service of notices and letters, etc.

#### **FOOD SUPPLIES.**

##### *PUBLIC SLAUGHTERHOUSES.*

These premises were conducted satisfactorily, the Ministry of Food having the control of slaughtering, dressing and distribution of the meat through their agents, the W.M.S.A., the local Retail Buying Committee, and Slaughtering Contract Committee, with the Corporation maintaining the management and conduct of the premises and the inspection of meat. In the latter capacity the services of one Meat Inspector (Mr. F. Bell) were largely monopolised throughout the year. All condemned meat and offal are, after treatment, collected and converted into commercial products to the order of the Ministry of Food.

There are 32 persons licensed by the Local Authority as slaughtermen; 10, and in busy periods 18, are the normal complement at the Public Abattoir, the rest operate either at the bacon factory or in the occasional killing of cottagers' pigs.

Improvements during the year included re-roofing of lairage, and widening and concreting of approach-way.

### *BACON FACTORY.*

At the bacon factory, Harraby, the amount of slaughtering was such as to necessitate a daily attendance of a Meat Inspector (Mr. E. Broadhead).

Particulars of animals slaughtered, and analyses and weights of meat declared to be unfit for food appear in the appendix.

### *OTHER FOOD PREMISES.*

Shop and market premises upon which foodstuffs were prepared or exposed for sale were under constant supervision: 352 visits were made, and whilst the standard was reasonably high, suggestions for improvement are constantly being made by your Inspectors. Most of these premises are now equipped with refrigerator plant, and there is in the City one such plant of large capacity.

### *FOOD AND DRUGS ACT.*

The number of samples submitted to the Public Analyst was 77, of which 3 were reported upon adversely. One sample of milk was found to be deficient in fat and solids not fat. The producer was prosecuted and fined £10. One informal sample of pork sausage was deficient in meat content to the extent of 1%. The manufacturer received a warning letter. One informal sample of potted meat contained an excess of water to the extent of 7%. A warning letter was sent.

The average of 9 genuine samples of milk was, solids not fat 8.51%, fat 3.67%. Chemical analysis of 11 samples

of ice-cream revealed an average fat content of 5.03%, individual samples varying from 0.87% to 10.48%.

Particulars of samples are given in Appendix II.

### *CATERING ESTABLISHMENTS.*

Inspections were systematically carried out of all catering establishments within the City and observations made of methods of cleaning utensils and washing equipment.

### *FACTORIES.*

177 inspections were made to power and non-power factories, and 6 notices served upon occupiers. Particulars as to numbers and classification appear in Appendix.

### *ATMOSPHERIC POLLUTION.*

Ten observations of smoke from factory chimneys were made, and as a result letters relating to excessive amounts of dense smoke were addressed to factories or Railway Executive.

### *SANITARY CONVENIENCES, LAVATORIES & DRAINAGE.*

The closet accommodation provided for dwelling-houses in the City is almost wholly on the water carriage system, consisting mainly of wash-down and short hopper types. The exceptions are 13 of the pail-closet type in connection with property to which a sewer is not reasonably available.

At other premises the conveniences are water-closets, though at one school the conveniences are of an obsolete trough pattern.

The public conveniences number 22. The two underground lavatories for both sexes are staffed by attendants, who also supervise three other conveniences in public parks,

Drainage works on private property necessitated 106 inspections. Water, smoke or chemical tests were applied to 10 drains.

### RODENT CONTROL.

In accordance with the conditions of grant from the Ministry of Food, treatment of sewers and properties was pursued. Notwithstanding an increase in the number of complaints (due no doubt, to wide publicity) the continued treatment of sewers shows a decrease in the numbers of rats.

Number of complaints of Rats . . . . .	121
Number of notices served on owner or occupiers	—
Number of inspections made for the purpose	617

### REFUSE REMOVAL AND DISPOSAL.

House refuse was removed twice weekly, and one day was set apart mainly for salvage collection. A reasonable amount of shop refuse is removed daily. The Department has a stud of 11 horses (4 loaned to the City Surveyor), 10 S.D. Freighters and one Austin 14 h.p. lorry. A small destructor is maintained for the destruction of putrefying or offensive refuse. House refuse is tipped at Currock Road and Blackwell. Land for tipping purposes is very limited. The amount and nature of salvage recovered and sold during the year is as follows :—

	WEIGHT.			
	T.	Cwt.	Qtrs.	Lbs.
Paper	528	12	2	—
Iron	5	4	1	—
Tin	5	11	—	—
Other Metals	2	18	—	18
Textiles	1	13	2	7
Bottles	3	11	2	7
Kitchen Waste	—	19	1	—
Manure	72	10	—	—



## COMMON LODGING HOUSES.

There are 4 registered common lodging-houses in the City, one of which is owned and managed by the Corporation. Their location is as follows:—

Lowther House, Lowther Street.	Carlisle Corporation.
17, Castle Street.	T. Porter.
Hostel, Lindisfarne Street.	Mrs. T. Porter.
10, Abbey Street	John Walker.

## OFFENSIVE TRADES.

The number of established offensive trades within the City is 5; fellmonger 1, gut scraper 1, rag and bone dealer 1, dealer in hides and skins 2.

## LEGAL PROCEEDINGS.

In October one application was made to the Court for an Order to abate a nuisance arising from defects to property. The case was dismissed, the work having been started at the time of the hearing.

## APPENDIX I.

### *SERVICE OF NOTICES.*

Number of notices served during the year .. ..	194
Number outstanding at the end of 1949 .. ..	287
Notices complied with during the year 1950 ..	230
Outstanding December, 1950 .. ..	125

Following are the particulars of notices served :—

Public Health Act .. .. .	160
Factories Act .. .. .	4
Shops Act .. .. .	3
Food and Drugs Act .. .. .	27

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Total 194

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Number of complaints received .. .. .	281
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## SANITARY INSPECTION OF THE DISTRICT.

					<i>Total No. of Visits.</i>
DWELLING HOUSES—Total Visits	..	..	..	..	793
<i>Re</i> Courts and Yards	..	..	..	..	27
„ Dustbins	..	..	..	..	5
„ Drain Inspections and Repairs	..	..	..	..	106
„ Drain Tests	..	..	..	..	10
„ Waterclosets	..	..	..	..	43
„ Sewers	..	..	..	..	8
„ Water Supply	..	..	..	..	30
„ Other structural defects	..	..	..	..	650
„ Dirty Houses	..	..	..	..	15
Animals—poultry etc.	..	..	..	..	11
Accumulations—offensive	..	..	..	..	29
VERMINOUS PREMISES.					
<i>Re</i> Bugs (private houses)	..	..	..	..	12
„ Others (private houses)	..	..	..	..	16
„ Others (Council houses)	..	..	..	..	13
Houses let in lodgings	..	..	..	..	6
Common lodging houses	..	..	..	..	11
Tents, Vans, Sheds, Fairs, etc.	..	..	..	..	8
Schools	..	..	..	..	17
Infectious diseases	..	..	..	..	88
Food poisoning (suspected)	..	..	..	..	9
Factories (mechanical)	..	..	..	..	158
(non mechanical)	..	..	..	..	19
Factories Act (Sec. 34.) Fire Escape	..	..	..	..	15
Workplaces	..	..	..	..	19
Rag Flock Acts	..	..	..	..	6
Smoke Observations	..	..	..	..	10
Visits to boiler plants	..	..	..	..	1
Cinemas and Theatres	..	..	..	..	6

## FOOD PREPARATION PREMISES.

<i>Re</i> Ice-Cream .. .. .	32
„ Bakehouses .. .. .	32
„ Fried Fish shops .. .. .	18
„ Butchers .. .. .	13
„ Market Stalls .. .. .	62
„ Restaurants and cafes .. .. .	119
„ Street vendors, barrows, etc .. .. .	1
„ Other food premises .. .. .	75
Fertilizers and Feeding Stuffs .. .. .	1
Pharmacy and Poisons Acts .. .. .	10
Shops Act (1912-1936) .. .. .	100
Merchandise Marks Act .. .. .	19
Dangerous structures .. .. .	1
Other drainage inspections and repairs .. .. .	17
Cowsheds .. .. .	87
Dairies.. .. .	111
Stables .. .. .	41
Piggeries .. .. .	8
Slaughterhouses .. .. .	45
Bacon Factory .. .. .	2
Offensive Trades .. .. .	3
Public conveniences etc. .. .. .	49
Open spaces—tips etc. .. .. .	30
Swimming baths and pools .. .. .	2
Watercourses .. .. .	12
Milk (Bacteriological) .. .. .	5
Water Sampling (Bacteriological) .. .. .	12
(Cheical) .. .. .	2
Other sampling (Bacteriological) .. .. .	34
(Cheical) .. .. .	10
Food and Drugs Act sampling .. .. .	32
Ice-cream (Bacteriological) .. .. .	23
(Cheical) .. .. .	13

## MEAT AND FOOD INSPECTION.

At slaughterhouse .. .. .	476
„ Bacon Factory .. .. .	323
„ Shops etc. .. .. .	254

## HOUSING ACT 1936.

Re Houses inspected and recorded .. ..	362
„ Demolitions (Secs. 11 and 13) .. ..	86
„ Closing (Sec. 12) .. .. .	43
„ Visits in connection with Permitted Numbers ..	18
„ Overcrowding .. .. .	11

## RODENT CONTROL—PESTS ACT 1949.

At Dwelling-houses .. .. .	19
„ Other premises .. .. .	52
„ Tips, open spaces, etc. .. .. .	1
Rent Restriction Acts .. .. .	2
Miscellaneous .. .. .	236
Interviews .. .. .	687

## CLEANSING DEPARTMENT.

Tips etc. .. .. .	59
Salvage .. .. .	33
Depot .. .. .	123

## WORKS EXECUTED.

	<i>Informal</i>	<i>Verbal</i>
PUBLIC HEALTH ACT.	<i>Notice</i>	<i>Notice</i>
Drains etc. .. .. .	37	2
Sanitary conveniences .. .. .	20	—
Keeping of animals .. .. .	1	—
Offensive accumulations .. .. .	1	—
Nuisances in general (i.e., defective roofs, floors, ceilings, plaster, windows, woodwork, dampness, etc.) .. .. .	71	2
Water supply to houses .. .. .	3	—

## FOOD AND DRUGS ACT.

Fish Frying Premises	..	..	..	1	..	1
Restaurants, Hotels, Cafes, etc.	..	..	..	5	..	—
Bakehouses	..	..	..	1	..	2
Other food premises	..	..	..	3	..	3

## SHOPS ACT.

Ventilation	..	..	..	..	—	..	1
Merchandise Marks	..	..	..	..	—	..	3

## APPENDIX II.

## FOOD AND DRUGS ACT.

The following are the particulars relating to samples submitted to the Public Analyst :—

Article	No. of Samples	No. found to be genuine	No. not genuine
Milk .. .. .	10	9	1
Condiments, Flavourings and Colourings .. ..	9	9	—
Tea, Coffee, Cocoa .. ..	5	5	—
Meat and Fish Products .. ..	12	11	1
Sausage .. .. .	10	9	1
Patent Flour Mixtures .. ..	4	4	—
Cereals .. .. .	1	1	—
Cake and Biscuits .. ..	3	3	—
Jams and Marmalade .. ..	2	2	—
Table Jelly .. .. .	4	4	—
Raising Powder .. ..	1	1	—
Ice Cream .. .. .	11	11	—
Synthetic Cream and Cream Substitutes .. ..	4	4	—
Miscellaneous .. ..	1	1	—
Total .. .. .	77	74	3

## MEAT INSPECTION.

The following tables give the number of animals killed annually during the past three years :—

**Public Slaughter-Houses.**

Year	Cattle	Sheep & Lambs	Calves	Pigs	Total
1948	3,617	16,219	2,277	103	22,216
1949	3,983	17,573	2,456	187	24,199
1950	5,060	17,282	3,106	398	25,846

**Harraby Bacon Factory.**

1948	—	—	—	33,045	33,045
1949	—	—	—	88,053	88,053
1950	—	—	—	98,479	98,479

**Public Slaughter-Houses.**

## CARCASSES INSPECTED AND CONDEMNED.

	Cattle ex- cluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known) ..	3105	1955	3106	17282	398
Number Inspected .. ..	3105	1955	3106	17282	398
<i>All Diseases except Tuberculosis.</i>					
Whole Carcasses Condemned ..	16	103	293	161	3
Carcase of which some part or organ was condemned ..	2081	1610	21	2351	80
Percentage of the number inspected affected with disease other than tuberculosis .. ..	67.5	87.6	10.1	14.5	20.8
<i>Tuberculosis only.</i>					
Whole carcasses condemned ..	21	71	16	—	4
Carcase of which some part or organ was condemned ..	231	319	5	—	15
Percentage of the number inspected affected with Tuberculosis ..	8.1	20.0	0.7	—	4.8

**Table showing number of Carcasses and Part Carcasses condemned for diseases other than Tuberculosis.**

DISEASE OR CONDITION	Unfit for Food.							
	Whole Carcasses.				Part Carcasses.			
	Cattle.	Sheep.	Pigs.	Calves.	Cattle.	Sheep.	Pigs.	Calves.
Abscesses and Suppurative Conditions.. ..	—	6	—	1	12	19	4	—
Actinomycosis .. ..	5	—	—	—	8	—	—	—
Anaemia .. ..	1	2	—	—	—	—	—	—
Arthritis, Atrophy .. ..	3	20	—	—	12	43	4	—
Contamination .. ..	—	—	—	—	1	5	—	—
Enteritis .. ..	1	1	—	10	—	—	—	—
Emaciation, Ill-set .. ..	39	68	—	6	—	—	—	—
Febrile condition, Ill-bled ..	1	5	—	5	—	—	—	—
Immaturity .. ..	—	—	—	169	—	—	—	—
Inflammatory diseases :—								
Pneumonia, Pleurisy, etc. ..	2	6	—	12	19	71	2	—
Injuries and bruising .. ..	9	12	—	10	266	90	20	12
Jaundice.. ..	—	1	—	3	—	—	—	—
Johne's Disease .. ..	46	—	—	1	—	—	—	—
Lymphadenitis.. ..	—	—	—	1	—	—	—	—
Malnutrition .. ..	—	12	1	34	—	—	—	—
Mastitis .. ..	1	—	—	—	26	14	9	—
Melanosis .. ..	—	—	—	—	1	—	—	—
Nephritis .. ..	2	—	—	1	7	2	—	3
Odour (Drugs, etc.) .. ..	4	—	—	—	—	—	—	—
Oedema.. ..	1	5	—	1	11	14	—	—
Parasitic Mange .. ..	—	1	—	—	—	—	2	—
Post-mortem putrefaction ..	1	18	—	—	2	3	1	—
Pyæmia, Joint Ill, Navel Ill	1	2	—	32	—	—	—	—
Sæpraemia .. ..	—	1	—	—	—	—	—	—
Septic Pericarditis .. ..	2	—	—	—	—	—	—	—
Swine Erysipelas .. ..	—	—	1	—	—	—	3	—
Tumours .. ..	—	1	1	—	—	—	—	—
Urticaria .. ..	—	—	—	—	—	—	6	—
White Scour .. ..	—	—	—	7	—	—	—	—
Whole Carcasses .. ..	119	161	3	293	—	—	—	—
Part Carcasses .. ..	—	—	—	—	365	261	51	15



*DISEASED AND UNSOUND FOOD.*

**The following table shows the amount of food declared to be unfit for consumption during 1950 :—**

	Tons	Cwts.	Qrs.	Lbs.	
<b>PUBLIC SLAUGHTERHOUSES.</b>					
Beef .. ..	41	11	1	—	
„ Offals .. ..	46	7	1	17	
Mutton .. ..	3	5	—	6	
„ Offals .. ..	2	9	2	23	
Veal .. ..	5	—	—	20	
„ Offals .. ..	1	19	—	22	
Pork .. ..	—	18	—	27	
„ Offals .. ..	—	4	—	10	
Imported Meat .. ..	—	2	2	21	
„ Offals .. ..	—	8	—	4	
Corned Beef .. ..	—	2	3	8	Tons Cwts. Qrs. Lbs.
				102	8 2 18
<b>HARRABY BACON FACTORY.</b>					
Pork .. ..	7	2	2	24	
Offals .. ..	6	1	1	8	Tons Cwts. Qrs. Lbs.
				13	4 — 4
<b>OTHER SOURCES.</b>					
Meat & Meat Products	1	2	1	10	
Fish .. ..	—	10	3	15	
Tinned Meat .. ..	1	—	1	10	
Flour and Cereals .. ..	—	14	2	14	
Dried Fruit .. ..	—	1	3	26	
Miscellaneous .. ..	1	—	1	10	Tons Cwts. Qrs. Lbs.
				4	10 2 1
Grand Total				120	3 — 23

Other tinned foods :—5,763 tins.

### APPENDIX III.

#### FACTORIES ACT, 1937.

#### 1.—Inspections for purposes of provisions as to health (including Inspections made by Sanitary Inspectors).

Premises.	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. .. .	172	19	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. .. .	354	158	6	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority † (excluding out-workers' premises) .. .. .	—	—	—	—
TOTAL .. .. .	526	177	6	—

#### 2.—Defects found,

Particulars.	Number of cases in which defects were found.				Number of cases in which prosecutions were Instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ..	2	2	—	—	—
Overcrowding (S.2) .. ..	—	—	—	—	—
Unreasonable temperature (S.3) .. .. .	1	1	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6) .. .. .	—	—	—	—	—
Sanitary Conveniences (S.7) :					
(a) insufficient .. .. .	—	—	—	—	—
(b) Unsuitable or defective ..	6	6	—	—	—
(c) Not separate for sexes ..	1	1	—	—	—
Other offences against the Act (not including offences relating to Outwork) .. .. .	—	—	—	—	—
TOTAL .. .. .	10	10	—	—	—

† *i.e.* Electrical Stations [Section 103 (1)], Institutions. (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

## OUTWORK.

Nature of work	Section 110			Section 111		
	No. of out-work-ers in Aug. list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwhole-some premises	Notices served	Prosecu-tions
Wearing .. Making, etc. apparel .. Cleaning and Washing ..	1	—	—	—	—	—
Total .. ..	1	—	—	—	—	—



